



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR CONTINUING
EDUCATION COURSE OR PROGRAM REVIEW**

PLEASE PRINT OR
TYPE LEGIBLY

STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS

Mail completed form, fee and accompanying documents to:

Board of Private Investigator Examiners
PO Box 1335
Jefferson City MO 65102-1335
(573) 522-7744
TTY (800) 735-2966
e-mail: pi@pr.mo.gov

INSTRUCTIONS

Please complete this form and return with the information outlined below. The fee for program approval is \$100.00 and must be submitted with this form.

1. ARE YOU A LICENSED PRIVATE INVESTIGATOR TRAINER FOR THE STATE OF MISSOURI?

☐ Yes ☐ No If yes, please contact the Board office prior to completing and submitting this form.

FULL NAME OF COURSE

FULL ADDRESS WHERE THE COURSE WILL BE HELD (STREET, CITY, STATE, ZIP CODE)

DATE OF COURSE

NAME OF INSTRUCTOR

MAILING ADDRESS OF INSTRUCTOR

DAYTIME CONTACT TELEPHONE NUMBER

A lesson plan needs to accompany the Continuing Education Approval form. The lesson plan/s must include the specified requirements listed in rule 20 CSR 2234-6.010 (1) Continuing Education Courses and (2) Reporting Attendance.

I understand and acknowledge that I am responsible for maintaining ALL attendance records associated with this course or program. The attendance records will include the following minimum information: Attendee's name, Attendee's Private Investigator License Number, the number of continuing education credit earned, Name of the Course/s, Date of the Course/s and the Board's approval number. A certificate of successful completion will be presented to the attendee's within two (2) weeks of completion of the course or program.

SIGNATURE OF INSTRUCTOR

DATE

FOR BOARD USE ONLY

FEE AMOUNT

DATE DEPOSITED

DATE REVIEWED

DATE APPROVED

APPROVAL NO